

Major Donor and Independent Expenditure Committee Campaign Statement

(Government Code Sections 84200-84216.5)

MAJOR DONOR AND INDEPENDENT EXPENDITURE
COMMITTEE STATEMENT

Type or print in ink.

☐ Amendment

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 01/01/2017
through 12/31/2017

Date of election if applicable:
(Month, Day, Year)

Date Stamp

CALIFORNIA
FORM **461**

1/3

For Official Use Only

1. Name and Address Of Filer

NAME OF FILER

(Include name(s) of all affiliated entities whose contributions are included in this statement.)

NORCAL Mutual Insurance Company

MAILING ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

San Francisco CA 94111

RESPONSIBLE OFFICER

(If filer is other than an individual)

Kara Ricci

AREA CODE/DAYTIME PHONE

2. Nature and Interests of Filer (Complete each applicable section.)

☐ A FILER THAT IS AN INDIVIDUAL MUST LIST THE NAME, ADDRESS, AND BUSINESS INTERESTS OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME, ADDRESS, AND NATURE OF THE BUSINESS

NAME OF EMPLOYER/BUSINESS

BUSINESS INTERESTS

ADDRESS OF EMPLOYER/BUSINESS

☒ A FILER THAT IS A BUSINESS ENTITY MUST DESCRIBE THE BUSINESS ACTIVITY IN WHICH IT IS ENGAGED

Insurance

☐ A FILER THAT IS AN ASSOCIATION MUST PROVIDE A SPECIFIC DESCRIPTION OF ITS INTERESTS

☐ A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS ENTITY, OR ASSOCIATION MUST DESCRIBE THE COMMON ECONOMIC INTEREST OF THE GROUP OR ENTITY

3. Summary

(Amounts may be rounded to whole dollars.)

- Expenditures and contributions (including loans) of \$100 or more made this period. (Part 5.) \$ 11223.91
- Unitemized expenditures and contributions (including loans) under \$100 made this period..... \$ 0.00
- Total expenditures and contributions made this period. (Add Lines 1 + 2.) **SUBTOTAL** \$ 11223.91
- Total expenditures and contributions made from prior statement. (Enter amount from Line 5 of last statement filed. If this is the first statement for the calendar year, enter zero.) \$ 0.00
- Total expenditures and contributions (including loans) made since January 1 of the current calendar year. (Add Lines 3 + 4.).....**TOTAL** \$ 11223.91

4. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/30/2018
DATE

By Kara Ricci
SIGNATURE OF INDIVIDUAL DONOR OR
RESPONSIBLE OFFICER IF OTHER THAN AN INDIVIDUAL

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INDEPENDENT EXPENDITURE COMMITTEE AND
MAJOR DONOR COMMITTEE STATEMENT

Statement covers period from 01/01/2017	CALIFORNIA FORM 461
through 12/31/2017	
2/3	

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NAME OF FILER

NORCAL Mutual Insurance Company

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
02/07/2017	California Allied for Patient Protection PAC Sacramento CA 95814 ID: 920780 Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	7300.00	Calendar Year \$ 7300.00 Other \$
03/24/2017	MICRA California PAC of Norcal Mutual Insurance Company Burlingame CA 94010 ID: 1264748 Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Legal & Accounti - ng	NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	417.70	Calendar Year \$ 1423.91 Other \$
06/18/2017	MICRA California PAC of Norcal Mutual Insurance Company Burlingame CA 94010 ID: 1264748 Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Legal & Accounti - ng Services	NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	467.00	Calendar Year \$ 1423.91 Other \$
08/28/2017	MICRA California PAC of Norcal Mutual Insurance Company Burlingame CA 94010 ID: 1264748 Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Legal & Accounti - ng Services	NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	539.21	Calendar Year \$ 1423.91 Other \$
SUBTOTAL \$						

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	3/3

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08/29/2017	Re-Elect Scott Wiener for State Senate 2020 Oakland CA 94618 ID: 1392654 Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		Scott Wiener State Senator Senate District State District Office NO: 11 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	2500.00	Calendar Year \$ 2500.00 Other \$

SUBTOTAL \$ 11223.91

FPPC Form 461 (8/99)
For Technical Assistance: 916/322-5660